



## Confidential Information Form

The Confidential Employee Information Form should be given to employees once a verbal offer of employment has been accepted. This form is required and must be submitted to Human Resources within 3 days of receipt by the new employee. Please return this completed form to Amie Parker, Employment Manager, 215 College St., Lewiston, ME 04240 or via fax to 207-786-6170.

<b>New Hire Information</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Preferred 1<sup>st</sup> Name:</b>
	<b>Mailing Address:</b>		<b>Street/Physical Address (if different from mailing address):</b>	
	<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
	<b>Social Security Number:</b> -    -			
<b>Ethnicity Information</b>	<b>Please check one:</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino		<b>Please check all that apply:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
	<b>Have you attended or had a relationship with Bates College in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If you attended, please indicate the year(s):</b>	
<b>Citizenship, History and &amp; Veteran Info</b>	<b>Citizenship (please check one):</b> <input type="checkbox"/> U.S. Citizen (Y) <input type="checkbox"/> Permanent Resident (P) <input type="checkbox"/> Non-Citizen/Non-Resident Alien (N) <input type="checkbox"/> Dual Citizenship (D)		<b>Military Information (optional):</b> <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Vietnam Era Vet <b>Veteran's File Number:</b> <b>Dates of Service:</b> to	
	<b>Person to contact in the event of an emergency:</b>		<b>Emergency contact's relationship to you:</b>	
<b>Emergency Contact</b>	<b>Emergency contact's physical address:</b>		<b>Day phone:</b>	
			<b>Evening phone:</b>	
<b>Directory Info</b>	Please supply the following information. If you do not complete this section, the directory will automatically include your home address, home telephone number, spouse/partner name and any preferred nickname. Campus information is required and automatically listed.			
	<input type="checkbox"/> Please do not list my home address. <input type="checkbox"/> Please do not list my home telephone number. <input type="checkbox"/> Please list the name of my spouse/partner. Please provide spouse/partner name: <input type="checkbox"/> Please replace my legal name of record in the directory with this nickname:			
<b>Signature</b>	<b>Employee Signature:</b>		<b>Signature Date:</b>	